

COMPLAINT FORM

Louisiana Board of Pharmacy
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FOR OFFICE USE ONLY

COMPLAINANT INFORMATION:

Date Full Name of Individual Filing Complaint (Please Print)

Address: _____
Street Apt. #

City State Zip

Home Phone: _____ Work Phone: _____

SUBJECT OF COMPLAINT:

Full Name of Person/Entity against Whom You are Filing Complaint (Please Print)

Subject's Address: _____
Street

City State Zip

Subject's Phone: _____ Date of Incident/Transaction: _____

Location Of Incident/Transaction: _____

Have You Contacted the Subject? Yes: _____ No: _____

Description of incident about which you are filing this complaint (Should you require additional space to properly explain this matter, please attach additional documentation as needed):

Signature of Individual Filing Complaint

PLEASE NOTE: THE LOUISIANA BOARD OF PHARMACY MAY ONLY ACT ON MATTERS THAT FALL UNDER ITS JURISDICTION. SHOULD YOUR MATTER NOT MEET THIS PREREQUISITE, THE BOARD MAY REFER YOU TO ANOTHER AGENCY OR OTHER METHOD OF RESOLVING YOUR COMPLAINT. FUTHER, A COPY OF THIS COMPLAINT MAY BE SENT TO THE SUBJECT OF THE COMPLAINT.